## BEST AVAILABLE COPY | Application or Docke

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000							
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALI TYPE	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS	24		RAT	E FEE	1	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC	FEE 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	24 minus 20=	. 4	X\$ 9	)= 36	OR	X\$18=	
INDEPENDENT CLAIMS	DEPENDENT CLAIMS 3 = * Ø		X40	=	OR	X80=	,
MULTIPLE DEPENDENT CLAIM PRESENT				)=	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTA	AL 29/	OR	TOTAL	
CLAIMS AS AMENDED - PART II				" <u>U</u>	] 011	OTHER	THAN
(Column 1)	(Colu		SMA	LL ENTITY	OR	SMALL	
CLAIMS REMAINING AFTER AMENDMENT  Total  Independent * 3	HIGH NUM PREVIO PAID	BER PRESENT OUSLY EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
Total + 24	Minus ** 2	<del>-</del> = /	X\$ 9	)=	OR	X\$18=	
Independent   * 3 FIRST PRESENTATION OF MI	Minus ***	=	X40	=	OR	X80=	
THIS PRESENTATION OF MI	OCTIF EE DET ENDEM	CEANVI /	+135	;= ·	OR	+270=	
			TO ADDIT. F		OR	TOTAL ADDIT, FEE	
(Column 1)	(Colu		-		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
REMAINING AFTER AMENDMENT  Total  Independent  *	HIGH NUM PREVIO PAID	BER PRESENT OUSLY EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total +	Minus ** Z	9 =	X\$ 9	=	OR	X\$18=	
Independent * FIRST PRESENTATION OF MI	Minus *** 3	SCIAIM []	Z <sub>X</sub> 40	= 8H	OR	X80=	
·		OLYMIN	+135	=	OR	+270=	
			TO ADDIT. F		OR	TOTAL ADDIT, FEE	
(Column 1)	(Colur	nn 2) (Column 3)			-		
Total  Total  Independent  CLAIMS REMAINING AFTER AMENDMENT  AMENDMENT  * 20  Independent  * 4	HIGH NUM PREVIC PAID	BER PRESENT DUSLY EXTRA	/ RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total + 20	Minus ** 2	4 =	X\$ 9:	= /	OR	X\$18=	
Independent * 4	Minus ***	<u> </u>	X40=	_ /	OR	X80=	
FIRST PRESENTATION OF MI	JUITPLE DEPENDENT	CLAIM	105	1/-		.070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 2					OR	+270= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							